

Amendments to the Claims

Claim 1 (Currently amended): A computer-assisted method of creating a virtual health care network that spans multiple states and seeks to maximize health care savings while minimizing the inconvenience to participants in changing health care providers, the method comprising:

providing ~~one or more~~ a plurality of health care networks in each of the states for analysis

wherein each of the health care networks comprises a plurality of health care providers; for each of the plurality of health care networks, collecting information concerning utilization of the health care providers in the network;

computing ~~a measure~~ measures of network utilization for each of the plurality of health care networks using a computer, wherein the ~~measure~~ measures of network utilization is ~~selected from the set consisting of the~~ comprise number of participants who utilize ~~a the~~ health care ~~provider~~ providers in the network, ~~a the~~ percentage of participants who utilize the health care providers in the network, ~~a measure of a~~ total health care costs in the network, and a measure of a percentage of health care costs in the network;

comparing the measures of network utilization in each of the states for the health care networks in the same state;

selecting one or more health care networks for each state based on the measures of network utilization to provide a ~~subset~~ reduced number of health care networks for each state; of the health care networks in a particular state, projecting future health care savings accruing over the entire network for the one or more of the networks;

selecting one or more of the health care networks per state having ~~the a~~ highest projected savings from the ~~subset~~ reduced number of health care networks for each state, ~~the selected one or~~

~~more of the health care networks per state forming a smaller set than the subset of health care networks to thereby further reduce number of health care networks associated with each state; and~~

forming a virtual health care network from the ~~selected one or more health care networks per state having the highest projected savings~~ to thereby maximize health care savings while minimizing inconvenience to participants in changing health care providers for participants in the virtual health care network; ~~and~~
providing an output from the computer indicative of the virtual health care network.

Claim 2 (Original): The method of claim 1 wherein the future health care savings are projected based upon historical health care costs for participants, health care network discounts and a portion of the historical health care costs projected to fall to a health care provider in the network.

Claim 3 (Original): The method of claim 1 wherein the health care network is a managed care network.

Claim 4 (Original): The method of claim 3 wherein the managed care network is a preferred provider organization (PPO).

Claims 5-8 (Cancelled).

Claim 9 (Currently amended): A computer-assisted method of ~~designing~~ creating a virtual PPO network from a plurality of networks that seeks to maximize savings under the plan, each of the networks comprising a plurality of health care providers, the method comprising:

for each of the group health care networks, collecting information concerning the number of potential plan participants who utilize ~~a one of the health care provider under~~ providers of the networks;

determining utilization for each of the networks in the plurality of networks based upon the number of potential plan participants who utilize ~~a one of the health care provider under~~ providers of the networks;

comparing the utilizations for the networks;

identifying a ~~subset-reduced set~~ set of the networks with the highest utilization, the ~~subset-reduced set~~ set of the networks less than a total number of networks;

for each of the ~~subset of the networks~~ in the reduced set of networks ~~with the highest utilization,~~

calculating future savings for the network based upon historical health care costs for plan participants, network discounts, and a portion of the historical health care costs projected to fall to ~~a one of the health care provider~~ providers in the network, wherein the step of calculating is performed using a computer; and

selecting one or more of the networks having ~~the greatest~~ future savings; and

providing an output from the computer indicative of the virtual health network.

Claim 10 (Original): The method of claim 9 wherein the network is a preferred provider organization (PPO).

Claim 11 (Original): The method of claim 10 wherein the PPO is selected for a particular state.

Claims 12-19 (Cancelled)